



# **Team Challenge Adventure Camp 2016**

## **Family Manual**

South Bellevue Community Center  
14509 SE Newport Way  
Bellevue, WA 98006

Hello Team Challenge Adventure Camper!

Thank you for signing up for a unique adventure summer camp at the South Bellevue Community Center (SBCC)! This camp is run by the professional challenge course facilitators from Northwest Teambuilding. We're excited to have you at camp and hope that you are excited, too. Whether this is your first time on a challenge course or you are an experienced participant, you will have the opportunity to have fun, try new things, and have adventures with other great people.

This Family Manual is full of information to help you plan for camp. Please read each section carefully and let us know if anyone in your family has any questions. Here is the information that is included in this manual:

Section 1: Required Paperwork

*NOTE: Paper work is due no later than 1 week prior to your camp session.*

Section 2: Preparing for Camp

Section 3: Camp Logistics

Section 4: Responsibilities & Expectations

Section 5: Program Details

We hope to have answered all of your questions within the content of this manual, but if not just let us know. If you would like to tell us about any camper needs or if you have questions about this program, please email us anytime – we'd love to hear from you!

Thanks very much and see you soon,

Jarin Storrs  
Program Manager  
Northwest Teambuilding  
[program@nwteambuilding.com](mailto:program@nwteambuilding.com)  
(206) 348-3941

Brad Bennett  
Manager  
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## Bellevue Parks & Community Services

### Day Camps

Bellevue Parks & Community Services is a major provider of day camps for children ages 4-12. We provide excellent programming in a quality setting. Staff is sensitive to issues of diversity including culture, race, language, ability, and family differences. They are trained in basic first aid, CPR, and emergency preparedness.

Programs are designed to provide activities that are stimulating. Activities include health and fitness, arts, experiential learning and opportunities for intellectual growth, and socialization. Program sites are well-maintained, safe, and furnished with equipment and supplies appropriate to ages being served.

- ***An Outstanding Camp is a place where all children are valued***

- Staff view each child as a unique individual with something special to offer.
- Staff show an interest in each child, calling them by name, communicating individually with them, and listening to what they have to say.
- Staff take time with the children, communicating to them that being with children is fun.
- Staff create an environment where the focus is on the interests and needs of children.

- ***An Outstanding Camp is a place that is fun and exciting for children***

- Activities are varied to meet a range of interests, abilities, and needs.
- Activities invite participation; they are fresh, interactive, and inclusive.
- Camp provides children with choices and opportunities for self-expression.
- Staff is enthusiastic, energetic, and fun to be around; well-prepared and competent.

- ***An Outstanding Camp is a safe place***

- Campers are well supervised in every situation throughout the camp day. Attendance will be taken at any strategic time for on and off site activities.
- Staff is vigilant; they constantly monitor the camp site for safety hazards.
- Safety is a first priority. Every activity takes safety into consideration.
- Campers are taught good safety measures as part of the camp routine.



## SECTION 1: REQUIRED PAPERWORK

All campers must have all required paperwork on file prior to participating in any activities. Camper paperwork is due one week before the first day of the camp session. For families with multiple campers, each camper must have their OWN set of paperwork on file. All paperwork should be in a packet, contained in a sealed envelope and delivered via mail or in person to:

South Bellevue Community Center  
ATTN: Team Challenge Adventure Camp  
14509 SE Newport Way  
Bellevue, WA 98006

**The required documents are on the following pages as well as attached to your welcome email and consist of:**

- Participant Release Form
- Camper Information Form
- Child Information Disaster Release Form
- Medication and EpiPen® Authorization & Waiver of Liability
- Family Agreement Form

***\*\*Please note that all required signatures can be identified by yellow highlighted text in this document. Camper packets turned in incomplete and/or without all necessary signatures will be returned to Legal Guardian for completion.***





# City of Bellevue and Northwest Teambuilding



## PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

\*\*\*READ BEFORE SIGNING\*\*\*

Participant Name: \_\_\_\_\_

In consideration of being allowed to participate in any way in the program, related events and activities (hereafter called the **Program**), I the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant during all phases of the activity, including the potential for permanent paralysis, disability and death. **These risks include but are not limited to:** Equipment failure and/or malfunction of my own or other's equipment; my own negligence and/or the negligence of others; Attack or encounter with insects, reptiles and/or animals; Fatigue, chill and/or dizziness which may diminish my/our reaction time and increase the risk of accident; Outdoor activities include but are not limited to risks of exposure to elements, excessive heat, hypothermia, impact of the body upon the water, injection of water into my body orifices, exposure to animals with the risk of them kicking, biting, shying away, running off or otherwise moving in an unanticipated manner causing injury and/or death. **I agree to wear any necessary safety equipment provided to me and recognize that failure to do so increases the potential for severe injury or death and absolves the RELEASEES from any liability whatsoever. .**

2. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others, and assume full responsibility for my participation in the Program.

3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.

4. I recognize that it may be necessary for the (Releasees) to refuse or terminate my participation if I am judged to be incapable of meeting the rigors or requirements of the Program. I accept the (Releasees) right to take such actions for the safety of myself and/or other participants. I will not engage in any activity beyond my capabilities and will not cause any third party to be endangered by any of my actions during the program.

I warrant and represent that I am in good health and have no physical or mental limitations or problems that would affect my safe participation or the safety of others in the program and have not been advised otherwise by a qualified medical person.

5. By participating in or attending any activity in connection with this program, whether on or off the premises, I consent to the use of any photographs, pictures, film or videotape taken of me or provided by me for publicity, promotion, television, websites or any other use, and expressly waive any right of privacy, compensation, copyright or other ownership right connected to same.

6. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS the City of Bellevue and Northwest Teambuilding**, its officers, directors, officials, agents and/or employees, other participants, sponsors, advertisers, permit grantors, independent contractors, sub-contractors and, if applicable, owners and lessors of premises used to conduct the **Program (RELEASEES)**, from any and all claims, demands, losses, and liability arising out of or related to any **INJURY, DISABILITY OR DEATH** I may suffer, or loss or damage to person or property, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

X \_\_\_\_\_  
Participant's Signature Age Date

### FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents due to my minor child's involvement or participation in these **Programs** as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

X \_\_\_\_\_  
Parent/Guardian Signature Date Emergency Phone Number



## Camper Information Form



### General Information

Legal First Name	MI	Legal Last Name	Preferred Name	Gender
Address	City	State	Zip	Phone
Grade for Fall 2016	School for Fall 2016			Birthdate

### Camper Needs

Please read and respond to your child's ability level/specific needs for each category, or write "n/a". Providing the most complete information possible will help ensure the best experience for your child. If we have questions you will be contacted to discuss your child's needs more in depth.

Dietary Needs & Food Allergies	
Environmental Allergies	
Chronic Conditions & Physical Injuries	
Motor Skills Abilities & Coordination	
Cognitive Abilities & Development Delays	
Attention & Focus Abilities	
Social & Emotional Connections with Peers	

### In Your Words

This camp involves components such as working closely with peers in challenging situations, examining personal actions & consequences, being responsible for keeping Self and others safe, being active and/or at height for extended periods of time, and other unique situations that require a high level of attention to physical & emotional safety needs. Please share with us any information you would like us to know about your child.

### Request for Contact

Would you like us to contact you before camp begins to discuss your child's camp experience? ☐ YES ☐ NO

Name:

Relationship:

Phone #:



## City of Bellevue Parks & Community Services Department Child Information Form/Disaster Release Form

**CHILD'S NAME:**

Last

First

Age

**ALLERGIES:**YES ☐NO ☐

Explain: \_\_\_\_\_

**Other Medical, Behavioral and/or Family Issues:**

Please list any medical, behavioral and/or family circumstances we should be aware of so that we can better care for your child. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PARENT/GUARDIAN:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_

Telephone (Work): \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**PARENT/GUARDIAN:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_

Telephone (Work): \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**WAIVER OF LIABILITY/RELEASE – PLEASE READ CAREFULLY**

In consideration of myself and/or my child(ren) being allowed to use City of Bellevue Parks & Community Services facilities and/or participate in City-sponsored activities, I assume any and all risks, including risk of injury or death, associated with me or my child(ren)'s use of said facilities and/or participation in said activities. I further agree on behalf of myself, my heirs, executors, assigns, and personal representatives, to waive and release any and all rights and claims for damages, including attorney fees, I now, or may hereafter have, whether known or unknown, against the City of Bellevue and its officials, employees, and agents for any injuries suffered by me or my child(ren) in connection with the use of City facilities or participation in City-sponsored activities. I acknowledge that I have carefully read this Waiver of Liability and fully understand that I am waiving any right that I may have to bring legal action or to assert a claim against the City of Bellevue.

**PHOTO/VIDEO RELEASE:** I give my permission to have photos and/or video and audio recordings taken of me or my child(ren) by the City of Bellevue or its agents for publicity purposes during City of Bellevue activities even though we will not receive compensation of any kind for appearing in such photos or video recordings. If you wish to waive the photo release, please contact the main office at 425-452-6885 or [Parkweb@bellevuewas.gov](mailto:Parkweb@bellevuewas.gov).

I have read, understood, and voluntarily accepted the conditions of the Waiver of Liability/Release and the Photo Release printed above on behalf of myself and/or my child(ren).

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

Over



### FIELD TRIP PERMISSION SLIP -When Applicable

I hereby give my permission for my child to attend all field trips. I understand that transportation will be provided by Bellevue School District buses, City of Bellevue vehicles, or charter buses.

### SUNSCREEN AUTHORIZATION

I give my permission to City of Bellevue staff to apply sunscreen to my child, which may be applied as a lotion, spray-on, roll-on, or towelette. I further agree not to hold the City of Bellevue, its officials, employees, or agents liable for any injuries or damage caused by an adverse reaction my child may have to the application to sunscreen.

### CONSENT TO MEDICAL CARE AND TREATMENT OF A MINOR

I authorize all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a health care provider or hospital for my child if I cannot be reached in case of an emergency. My consent includes, but is not limited to, administration of anesthetics, medical treatment, tests, or x-ray examinations, transfusions, injections or drugs and the performing of whatever diagnostic procedures and/or surgical operations may be deemed necessary or advisable. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care. This authorization shall remain in effect until revoked in writing, with notice to the treating physician and hospital.

**SWIMMING ABILITY:** None ☐ Beginner ☐ Intermediate ☐ Advanced ☐

**By Signing Below, I agree to the Field Trip, Sunscreen Authorization, and Consent to Medical Care and Treatment of Minor listed above:**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### EMERGENCY CONTACT/AUTHORIZED ALTERNATE PICK-UP PEOPLE

Persons, other than parents, are allowed to pick up your child. I hereby give my permission for my child(ren) to be picked up, or contacted, by the following people: *\*Please note that authorized pick-up people must present valid ID when picking up your child(ren).*

	Contact Name	Cell Phone	Work Phone	Relationship
1				
2				
3				

In the event of an emergency, registered participants under the age of 18 will not be allowed to walk home unattended or leave the program, class or activity with non-authorized adults. Authorization for releasing a participant must be made in writing by a parent or legal guardian.

Please list a family member, who lives out of state that we can call with information in case local telephone service is interrupted.

Contact Name	Cell Phone	Work Phone	Relationship

### For City Use Only – Catastrophic Event Release Information

The participant was released to: \_\_\_\_\_ By: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ (AM) (PM) Destination: \_\_\_\_\_

Photo Identification: \_\_\_\_\_

Signature of Parent, Guardian or Authorized Designee: \_\_\_\_\_

Permission to release given by: \_\_\_\_\_ Relationship to Family: \_\_\_\_\_

Relayed in what form: phone, fax, email or other: \_\_\_\_\_ (document conversation)







## Medication and EpiPen® Authorization & Waiver of Liability

Name of Child: Last \_\_\_\_\_ M.I. \_\_\_\_\_ First \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

### Contact Information:

	Parent/Guardian #1	Parent/Guardian #2
Name:		
Home Phone:		
Work Phone:		
Cell Phone:		
Email:		

### Emergency Contact: (Person to notify if parents cannot be reached)

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Relationship to Camper: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### ALLERGIES

Please include the severity of the reaction, degree of exposure, frequency of reaction and management/treatment of the reaction. **If your child(ren) has/have no allergies, please fill in as "n/a".**

- ☐ Drug \_\_\_\_\_  
☐ Food \_\_\_\_\_  
☐ Insect Stings/Bites \_\_\_\_\_  
☐ Seasonal Allergies \_\_\_\_\_  
☐ Other \_\_\_\_\_

### ALLERGY MANAGEMENT/EpiPen®

- Does your child need an EpiPen®? YES \_\_\_\_ NO \_\_\_\_
- Does your child understand their allergies and take reasonable precautions to avoid the allergens? YES \_\_\_\_ NO \_\_\_\_
- Does your child carry an EpiPen® on their person? YES \_\_\_\_ NO \_\_\_\_
- Does your child know how to administer their EpiPen®? YES \_\_\_\_ NO \_\_\_\_
- Do you recommend this EpiPen® to be kept on person by the child? YES \_\_\_\_ NO \_\_\_\_
- Is self-medication permitted and recommended for this child? YES \_\_\_\_ NO \_\_\_\_
- Is there any specific storage requirements for this medication? \_\_\_\_\_

Over



## MEDICATION AUTHORIZATION

*\*If your child does not take medication or will not be bringing it to City of Bellevue activities and/or programs, please fill in as "n/a".*

Name of Medication: \_\_\_\_\_

Reason for taking (optional): \_\_\_\_\_

Dosage: \_\_\_\_\_

Time to be given: \_\_\_\_\_

Method: \_\_\_\_\_

Dates to be given: \_\_\_\_\_

Potential side effects/contradictions/adverse reactions: \_\_\_\_\_

Does medication require refrigeration? **YES** \_\_\_\_ **NO** \_\_\_\_

Is self-medication permitted and recommended for this child? **YES** \_\_\_\_ **NO** \_\_\_\_ If asthma inhaler or emergency medication, do you recommend this medication to be kept on person by the child? **YES** \_\_\_\_ **NO** \_\_\_\_

## PLEASE READ CAREFULLY

Medication must be left with the Program Supervisor or their designee. It must be in the original container, and be clearly labeled with your child's full name, prescriber's name, directions for administration and expiration date.

I hereby authorize Bellevue Parks Department employees and agents, on my behalf, to administer or attempt to administer to my child, or to allow my child to self-administer, the lawfully prescribed medication described above, including a prescribed EpiPen®.

I ACKNOWLEDGE THAT IT MAY BE NECESSARY FOR THE MEDICATION TO BE ADMINISTERED TO MY CHILD BY AN INDIVIDUAL WHO IS NOT A NURSE OR MEDICAL PROFESSIONAL, AND I SPECIFICALLY CONSENT TO SUCH PRACTICE. I hereby waive any claim for myself, my heirs, executors, assigns, or personal representative that I might have against the City of Bellevue, its employees, officials, or agents from and against any and all claims, damages or causes of actions arising out of or in any way connected to the self-administration, administration, failure to administer, or attempt to administer medication to my child. I further agree to protect, indemnify, defend, and hold harmless the City of Bellevue, its employees, officials, or agents, arising out of or in any way connected to the self-administration, administration, failure to administer, or attempt to administer medication to my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

I authorize and recommend self-medication by my child for the above medication(s).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_





## Family Agreement Form



By signing below we acknowledge receipt of the 2016 Team Challenge Adventure Camp Family Manual, and that we have read, understand, and agree to adhere to the policies and responsibilities that it outlines. In addition, we also agree to partner with the Camp staff to:

- Complete all required forms with the most accurate information possible and return them on time.
- Continue to maintain good and open communication in all situations amongst Camper, Camp Staff, and Family throughout the course of the camp session.
- Support the Camper in every way to make the best choices for themselves while at camp.
- Support the Family in their efforts to provide a positive summer experience for their Camper.
- Support the Camp Staff in creating an environment that helps all campers be successful.

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Camper Signature

Printed Name

Date

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Parent/Guardian Signature

Printed Name

Date



## SECTION 2: PREPARING FOR CAMP

One of the best things about Team Challenge Adventure Camp is that it is always outside! Also our camp involves a lot of fun, physical activities. These things together mean that we need to plan and prepare in order to have the best experiences possible.

### WEATHER

All camp activities will go on as planned in all types of weather except unsafe weather. Unsafe weather includes thunder, lightning, and high winds. If weather is simply cold and/or rainy, campers are expected to dress appropriately. If the weather turns unsafe for any reason, campers will be brought inside of the South Bellevue Community Center for a minimum of 30 minutes to be sure that the unsafe weather has passed. Scheduled camp activities will resume as the weather and remaining time allow.

### WHAT TO WEAR

Families should check the forecast daily and be sure camper clothing is adequate to keep them comfortable all day. Remember, a good raincoat is waterproof, not water resistant. You should wear clothes suitable for a challenge course every day at camp. This includes shorts or pants that are at least knee length, a shirt that covers the entire torso, and well-secured shoes with a full enclosed upper (athletic shoes are great). Crocs, slip on sandals, and Five Finger style shoes are not allowed. Long hair should be tied back. Loose, large or dangling jewelry should be left at home for the day. Campers can also bring a hat and sunglasses if they like. Make sure that coats, sweatshirts, and hats are labeled with the camper's name, please.

### WHAT TO BRING

The everyday packing list includes: A backpack with a **big** lunch, snacks, and a full water bottle. Campers can also bring sweatshirt and rain jacket just in case. All items should be labeled with the Camper's name.

#### A NOTE ABOUT LUNCHES & FOOD ALLERGIES

Given that our location is outside and we will be using a picnic area that is accessible to the public, it is not possible to provide an allergen-free environment at this camp. If your child has a life threatening food allergy that requires a peanut-free or nut-free environment, we encourage you to consider whether this program is the best choice for them. We feel that full disclosure of these limitations is important in helping you make the right decision for your child. Please don't hesitate to contact us if you would like to discuss this more in depth.

### WHAT NOT TO BRING

Handheld gaming systems, iPods, Kindles, and other electronic items should be left at home. Campers will be required to leave phones in their backpacks for their duration of their day at camp, including lunch time. Camp Staff are not responsible for lost, damaged, or stolen items.

### ILLNESSES & CAMP

If a camper is ill, camp is not the place for them that day. Please keep your child home if they are experiencing any of the following: vomiting, diarrhea, fever, skin rash, eye discharge, or unusual tiredness/lethargy. All campers must be lice/nit-free while at camp. Please call/email if your child will be absent so we don't worry.

### WHAT TO THINK ABOUT

This camp is all about working with a team while playing games, attempting new challenges, and having adventures on the course. Every single person will be meeting new people for the first time, and having brand new experiences that can be very challenging. It's normal to feel nervous, it's normal to feel excited, and it's normal to feel whatever else your camper may be feeling. Please rest assured that Camp Staff will be addressing all this with the campers. If you'd like to give us a heads up about any special concerns, please do!



## SECTION 3: CAMP LOGISTICS

### CAMP TIMES & ARRIVAL

Camp runs Monday – Friday from 9:30am – 3:30pm. Campers should be dropped off to the Northwest Teambuilding Staff at the main entrance of the South Bellevue Community Center at 9:30am each day. Campers must be signed in each day, and required medication should be given to Camp Staff at this time. We'll plan on departing for the walk up to the challenge course no later than 9:45am each morning, so please arrive on time.

### CAMP STAFF

Campers will be attended by no less than two Camp Staff. The exact number of staff per day may shift as determined by camper enrollment and scheduled activities/required ratios. Each Camp Staff will be a member of the Northwest Teambuilding professional challenge course facilitation staff. They will be:

- At least 18 years of age
- Approved (after a thorough background check) by the City of Bellevue
- Certified in First Aid & CPR
- Trained specifically to facilitate challenge course activities
- Able to respond to a wide variety of participant needs and situation
- Very excited to work with kids – especially yours!

### WHERE WE WILL BE

All camp activities will be held onsite at the South Bellevue Community Center and Eastgate Park. We may be using different areas on different days, but your camper will remain onsite at these locations for the duration of camp. Campers will remain within eyesight and/or hearing of Camp Staff at all times. Campers will use the buddy system when travelling to use the restroom and walking to and from program areas.

### HOW TO CONTACT CAMP STAFF DURING CAMP DAY

During certain camp activities Camp Staff will not be monitoring their phones because they're busy monitoring your camper! If you need to get a message to the Camp Staff please contact:

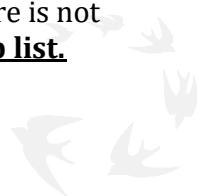
Jarin Storrs Northwest Teambuilding Program Manager 206-348-3941 <a href="mailto:program@nwteambuilding.com">program@nwteambuilding.com</a>	OR	South Bellevue Community Center Front Desk 425-452-4240 <a href="mailto:SBCC@bellevuewa.gov">SBCC@bellevuewa.gov</a>
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### LUNCH & BREAKS

We will take our 30 minute lunch break between 11:30am – 12:30pm. The actual time will vary depending on the day's schedule. In addition to this, campers often decide when to take morning and afternoon snack and water breaks. Keeping fueled and hydrated is important and campers are encouraged to take care of any individual needs as they arise so they can enjoy their day.

### PICK UP & DEPARTURE

Camp Staff will bring campers back to the entrance of the South Bellevue Community Center by 3:15pm each day. Please arrange for pickup no later than 3:30pm. Failure to pick up by 3:30pm will result in a charge of \$1 per minute past 3:30pm to be billed by and paid to South Bellevue Community Center. Extended care is not available for this camp. **Each camper may only be picked up by those on the authorized pick up list.**



## SECTION 4: RESPONSIBILITIES & EXPECTATIONS

### CAMPER RESPONSIBILITIES

During our adventures we will be openly discussing the responsibilities that come with being on a team. Each camper should come to camp prepared to constructively explore teamwork topics in a respectful way. For many activities, you will be responsible for following specific instructions and following safety rules to ensure the best experience (and the most FUN!) for yourself, as well as your team members.

General behavior expectations for everyone at camp are:

- 1) Come to camp ready to participate. How you participate might look differently each day, and that's up to you, but if you are making the choice to come to camp then we ask that you be ready to participate.
- 2) Be supportive of everyone's choices for themselves. The right experience for you will be different than the right experience for someone else. We support each other to make those decisions individually.
- 3) Use physically and emotionally safe behavior. Friendly language including, "please", "thank you", and "you're welcome" will be expected. Expressing yourself is encouraged, but always in constructive, not destructive ways. Physical violence is never okay. Following safety rules is mandatory.
- 4) Be willing to try new things and stretch yourself. We won't ever make you do something you don't want to do. We will encourage you to do things that might be challenging. Remember, though, you're ALWAYS the leader in making the best choice for you.
- 5) If you need something, ask. We want to be sure that everyone has a great week at camp. We all need to know what you need to make that happen, so let's be sure and tell each other!

### CAMP STAFF & PARENT/GUARDIAN RESPONSIBILITIES

If anyone is struggling with any of the above expectations, the Camp Staff are committed to addressing it in a positive way. This includes:

- 1) Being sure that the camper has a clear understanding of the expectations.
- 2) Explaining the consequences of the camper's actions to them. This can be consequences to themselves, as well as consequences to others.
- 3) Providing choices to the camper that allow for them to be included, as long as the expectations are met.
- 4) Allowing campers to take the space and time that they need to make their choices.
- 5) Reaching out to other adults as needed. This includes camp supervisors and the camper's parents or guardians.

If a parent or guardian is contacted because of an issue with their camper, please know that it is the Camp Staff's intention to work with your family to find the best resolution for the camper's success. It is important that we create an environment where everyone can be included, and everyone can be successful in a way that is impactful for them and valuable to the group. We hope that modeling this type of environment for our campers encourages them to bring these positive interactions to other venues and relationships!



## SECTION 5: PROGRAM DETAILS

Our camp has been specially designed to focus on both team and personal challenges in a fun setting. We will begin our week with a teambuilding focus on the Low Course. As we move on to the high elements we will continue to engage in daily low teambuilding initiatives to maintain our focus on core concepts. Here's a snapshot of what we are planning for our week to look like (**PLEASE NOTE THAT WEATHER AND COURSE SCHEDULES MAY CHANGE THE DAY THAT A SPECIFIC ELEMENT FALLS ON**).

### DAY 1 – INTRODUCTIONS & GET TO KNOW YOU

Campers will engage in ice breakers/warm up activities that get everyone having fun together, potentially on the ball field. We will have an overview of expectations outlined in the Family Manual, as well as address any other topics the group feels are important. The team will attempt some Low Course challenges and assess how they're functioning together. Everyone will go on a course tour and get their questions about the week answered. Individual as well as group goals will be set. Everyone will know each other's name by the end of the day.

### DAY 2 – BUILDING OUR TEAM

Campers will continue on the Low Course, but this time with more difficult challenges that their team will need to tackle. There will be an increased need for effective communication, as well as situations where participants may need to help each other physically and/or spot each other (with staff coaching and supervision, of course). By the end of the day everyone will feel more connected and ready to take their team to new heights!

### DAY 3 – FUN CHALLENGES TOGETHER

A very popular day at camp, this is the day that we go on the famous Bellevue Zip Tour! While there is a large element of fun this day, there is learning and growth happening, too. The campers will be at height together for an extended period of time, and support each other as they gear up, get into the trees, and step off of platforms to zipline through the canopy of Eastgate Park. The campers will actively observe Zip Tour staff and see how a two-carabiner system is used to ensure they are constantly connected to the course. The team will be ready by the end of the day to take on their next challenge.

### DAY 4 – SAFETY & SUPPORT

Campers will encounter their first opportunity to belay each other on a high element this day! Campers will participate in the Vertical Play Pen where they will set both individual and team goals as they climb as high as the Maple tree tops. This activity works on a group belay system which means that when they're not climbing, that campers are managing the rope for the current climber, as well as help coach them. This day is a wonderful experience where we see the group members really starting to trust and encourage one another.

### DAY 5 – HIGH ADVENTURE SUCCESS

Everything comes together on our final day of camp. We will be participating in the High Course, which involves all the skills that we've built throughout the week. Campers will gear up, go through ground school, then climb up to our aerial obstacle course full of mental and physical challenges. They will need to coach each other, manage their own carabiners (always supervised by their staff), and make sure their team function stays high, even when challenged. This is a day filled with personal success stories of overcoming challenges and helping their team members do the same. Campers will end their week glowing with their accomplishments and contributions.

### PROGRAM FACILITATION

The challenge course facilitators of Northwest Teambuilding (your Camp Staff!) are trained to not simply run these programs, but also to facilitate a group's progress. The sequence of activities, the pacing of instruction and all other elements of the program will be carefully chosen according to what the members of the camper group need to reach their individual and group goals. Each activity will be debriefed and lessons learned will be noted. Campers will be encouraged to examine how core concepts apply to other situations at home and at school, and how their personal choices and actions affect outcomes. It is an empowering and fun program and the memories will last a lifetime. Thank you for being part of this adventure with us!

